FORM 1	STATEM	IENT OF	2010	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS				
LAST NAME FIRST NAME MIDDL	NAME: WILLIAM - FR.	ANK FOR OF		
5456 PARK	ER DRIVE		I ID Code	
FORT MYER	ZIP: COUNTY:	EE		
NAME OF AGENCY: CONSERUATIONLAN NAME OF OFFICE OR POSITION HEL	DACQUISITION+	STEWALDSHIP Committee	Conf. Code	
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	or this form. Attach additional sheets	· · · · · ·	ан ан Со П	
"BOTH PARTS OF THIS SECTION MUST BE COMPLETED** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one): DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):				
COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF IN	COME [Major sources of income to the	ne reporting person]	ALUE THRESHOLDS	
NAME OF SOURCE OF INCOME		RCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
STATE & FLA: DIVISIO RETIRES	NOF 2639 MONROL DENT TALLA HASS	57. BLDG. C 56, FL 32 399	RETIREMENT PENSION	
SACIAL SEC ORITY AL	MIN. JAMAICA CE JAMAICA,	NTER PLAZA N.Y. 11492	SOCIAL SECURITY BENEFIP	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NATURAL CONTERT	KITSON BABCOCK, L	C 4500 PGH D PALM BEACH G	400 DEVELOPER	
		FL 33412		
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form	
LOT 33 (SACRES UNRECORDED RIVER DALE are located at the bottom RANCHES LYING IN THE EAST 1/2 OF SEC. 4. INSTRUCTIONS on wh				
TOWNSHIP 445, RANGE 26E, begin on page 3.				
LEE CO., FLA			OTHER FORMS you may need to file are described on page 6.	

	OPERTY [Stocks, bonds, certificates of deposit, etc.]
(It you have nothing to report	rt, you must write "none" or "n/a")
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
TRA	MILLS PRICE + ASSOC. INC.
ANNIVITY	12 12 12 11
PART E - LIABILITIES [Major debts]	
(If you have nothing to repor	rt, you must write "none" or "n/a")
NAME OF CREDITOR	ADDRESS OF CREDITOR
	SINESSES [Ownership or positions in certain types of businesses] you must write "none" or "n/a")
(if you have nothing to report,	BUSINESS ENTITY # 1 . BUSINESS ENTITY # 2 . BUSINESS ENTITY # 3
ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	
POSITION HELD WITH ENTITY	
I OWN MORE THAN A 5%	
INTEREST IN THE BUSINESS	
OWNERSHIP INTEREST	
IF ANY OF PARTS A THRO	DUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE (required):	hian Hammond DATE SIGNED (required): 5/6/2011
	FILING INSTRUCTIONS:
WHAT TO FILE:	WHERE TO FILE: WHEN TO FILE:
After completing all parts of this form, in	cluding If you were mailed the form by the Commission <i>Initially</i> , each local officer/employee, sta
signing and dating it, send back only t sheet (pages 1 and 2) for filing.	he first on Ethics or a County Supervisor of Elections for officer, and specified state employee mu your annual disclosure filing, return the form to file within 30 days of the date of his or h
	that location. appointment or of the beginning of emplo
If you have nothing to report in a pa section, you must write "none" or "n/a"	in that Local oncersienployees me with the oupervisor the Senate must file prior to confirmation, eve
section(s).	of Elections of the county in which they perma- if that is less than 30 days from the date of the

Facsimiles will not be accepted.

NOTE: **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

appointment.

Candidates for publicly-elected local offi must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, sta officers, and specified state employees a required to file by July 1st following ea h calendar year in which they hold their po tions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 da of leaving office or employment.